

**Manorville Chamber of Commerce Application**

PRINT, COMPLETE, and MAIL this form with a check payable to:

Manorville Chamber of Commerce  
PO Box 232, Manorville, NY 11949

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To the Board of Directors: Please enter my application for membership in the Manorville Chamber of Commerce. I pledge the sum of \$ \_\_\_\_\_ for membership, and agree to pay this amount of dues, to be collected annually. It is understood that membership shall be for a minimum period of one (1) year from the date of record and shall continue on the above basis until canceled in writing to the Board of Directors, or by the transfer or removal of the subscriber from the vicinity of the Manorville Community.

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Name of business \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different)

Home Telephone \_\_\_\_\_

Business Tel \_\_\_\_\_

Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Additional Contact \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_